

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD & DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

(In accordance with Act 266, PA 2001, or Act 267, PA 2001)

<input type="checkbox"/> "A"	Permit No.	Producer Name			Date
<input type="checkbox"/> Mfg.	Address (route, street, road, post office, state, zip code)				Phone Number
Co. Code	Twp. Code	Sec. Code	Inspector	Insp. No	Start Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Buyer (name, location)			Buyer ID No.	Lbs. per day	No. Cows Milking <input type="checkbox"/> ED <input type="checkbox"/> EOD <input type="checkbox"/> Other _____
					Elapsed Time _____ Mins

- | | | |
|-----|--------------------------|-----------------|
| 1. | <input type="checkbox"/> | Initial |
| 2. | <input type="checkbox"/> | Routine |
| 3. | <input type="checkbox"/> | Reinspection |
| 4. | <input type="checkbox"/> | Suspension |
| 5. | <input type="checkbox"/> | Reinstatement |
| 6. | <input type="checkbox"/> | High Count |
| 7. | <input type="checkbox"/> | Milking Time |
| 8. | <input type="checkbox"/> | Pos. Antibiotic |
| 9. | <input type="checkbox"/> | Warning Notice |
| 10. | <input type="checkbox"/> | Water Sample |
| 11. | <input type="checkbox"/> | Advisory |
| 12. | <input type="checkbox"/> | Fieldrep Cert. |

REINSPECTION
REQUIRED ☐Copy Received By:Title:

NOTICE: Failure to correct items _____ by _____ may result in suspension of your permit to sell milk and/or court action and or administrative action.

You may contact the MDA with questions concerning the instructions for the correction of items listed by calling: _____. Requests for time extensions must be made to your area inspector by calling _____.

Instructions for correcting items in violation are listed below. (See the reverse of this page for the details of the requirements) **All items must be corrected by the next inspection.**

1. Milk Temp: _____ 2. Udder Prep: _____ 3. Sanitizer: _____ 4. Water Temp: _____

[illegible]